

____**TEAM MEMBER APPLICATION**for Tintra Enterprises, LLC located at 200 N Kings Hwy, Myrtle Beach, SC 3502 SC HWY 544, Conway, SC, And/Or 2813 US-17 Bus, Murrels Inlet, SC 29576

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١	NAME (print): Last														_Date		
CURRENT ADDRESS:							_ Zip										
PHONE NUMBERS: Cell Home																	
E	E-MAIL:																
	DO YOU	HAVE R	ELIABLE	TRANS	PORTAT	TION?	O Y	es O N	0	Wha	at wage	do you	expect?				
 	f you are under 18 years old, how old are you?									Are you eligible to work in the USA?					O Yes O No		
							YC	OUR AV	AILABILIT	Υ							
ľ	Max hou	rs you a	are able	to work	cin a we	eek:				SUN	MON	TUE	WED	THU	FRI	SAT	
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			e above						TO	O Sumi	 mer C	Durin	g School		oar Po	und	
I	n the event that you chose either the summer or school above, please fill out the table below to let us know the rest of																
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	College & Vocational School:					City/State					Graduation Year & Major						
•	Conege & vocational school:							City/State					Graduation real & Major				
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			ACHIEVEMENTS					
	•	icates, leadership posit	•	•	u're proud of and v	vant to show off		
		Are you a	veteran? O Ye	es O No				
		EN	IPLOYMENT HISTO	RY				
	((Please Include odd jobs s	such as babysitting, la	ıwn care or volun	teering)			
Have you eve	er worked at a P	elican's SnoBalls befor	e? O Yes O No	If yes, which lo	ocation?			
Name & Add	lress of Employe	r:						
First day	Last Day		·	Wage/Pay:	Reason for leavi	ng:		
Name & Add	 lress of Employe	r:						
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leavi	ng:		
Name & Add	lress of Employe	r:						
First day	Last Day		·	Wage/Pay:	Reason for leavi	ng:		
			REFERENCES					
	Please provide 3	3. May include current or famili	past employers/ supe iar with your qualifica		or any other individu	ıal		
Name	Addı	ress	Phone	e Re	elationship	lationship Years Known		



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NOTIFICATION, AUTHORIZATION AND CERTIFICATION:

I am hereby notified that certain diseases such as Hepatitis A, E Coli 0157, Salmonella, Shigella, Staphylococcus, Giardia, Streptococcus and Campylobacter will prevent me from handling food equipment until a clean bill of health is received from my medical doctor. It is my obligation to Tintra Enterprise, LLC to immediately notify my supervisor should I knowingly become or believe that I am infected with any of these diseases.

I hereby authorize the former employers and references I have listed on this application to provide to Tintra Enterprise, LLC with any information that would be meaningful and relevant to this employment application and I release all parties from all liabilities and/or damages that result from furnishing such information.

I hereby certify that I have fully read and have accurately completed this employment application to the best of my knowledge. I acknowledge that any false information contained in this employment application may be grounds for Tintra Enterprise, LLC to disregard my employment application or to terminate my employment upon discovery of such false information.

I agree to read and follow the rules and regulations contained in the Tintra Enterprise, LLC Employees Handbook that will be provided to me upon my employment and which may be updated periodically by Tintra Enterprise, LLC. I understand that Tintra Enterprise, LLC is an at-will employer and that Tintra Enterprise, LLC may terminate my employment at any time for any reason, with or without cause and that I also have these same rights with regard to terminating my own employment.

I understand that Tintra Enterprise, LLC is an equal opportunity employer and that Tintra Enterprises, LLC makes every effort to comply with various federal, state and local employment laws, as applicable. I also understand that the information I have provided in this application will not be used for any purposes(s) that are prohibited by law.

DATE APPLICANT SIGNATURE